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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPRIERCLA IDENTIFICATION NUMBER:		WILL CONSTRUCTION	X3) DATES), 0938-09 URVEY
		·	اماراناظ 🖈	NG .		ETED
		096120	B. WING			C
NAME OF	ROVIDER OR SUPPLIER		BI	REET ADDRESS, CITY, STATE, ZIF CODE	11/1	3/2007
IDI			, ,	WASHINGTON, DC 20012		
(X4) ID	- SUMMARY ST	ATEMENT OF DEFICIENCES	ID	·		
PREFIX	REGULATORY OR	Y MUST BE PRECEDED BY FULL LBC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS REFERENCED TO THE APPROP DEFICIENCY	'	CAMPLETIC DATE
w ooo	INITIAL COMMEN	TS	W 000			
	On 11/8/2007, the notice of Client #1	Department of Health received 's death.	1			· !
	LIBRITATI WAS NOSD	revealed that on 9/21/2007, Balized for repeatedlepisodes ent remained in the Hospital 11/6/2007.				
	Dus to the nature or Investigation was in Although there was	f this incident, an on-site littleted on 11/9/2007.				
	was negligent in the findings revealed the compliance with star	death of this client. Incidental effective was out of ndard level requirements.	,			
1 f r	Dased on nursing st hanagement intervi indings were also b nedical records as v	aff interviews, senior aff interviews, senior ews and record reviews. The ased on review of cinical and wall a review of the unusual				
N 159 4	ncklent reports. 183,430(a) QUALIFI RETARDATION PRO	ED MENTAL	W 159	•		
1 48		restment program must be		W159		
q	ualified mental retar	dalion professional		This Standard will be met as evidenced by:	s	
fa	ased on starr intervi citily 's Qualified M	not met as evidenced by: ew and record review, the ental Retardation		Reference response to W322.		ongang
CC	roiessional (QMRP) Pordination of servic edical recommenda	falled to ensure the				
Th ma	edical recommenda	failed to ensure that all dons were reviewed and		;		
ATORY DIE	BETTOR'S OF PROMOTO	ary care physician to ensure		· 		}
VUUW	wi munch			Director Residential Serving to exclused from connecting providing it is sing formers, the findless stated or an interest of the singless of the single singless of the single si		DATE 12/10/6

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RM CMS-2567(02-66) Previous Vectors Obsolete

Event 10: 71J911

Facility 10: 09/3130

If continuation sheet Page 1 of 3

MENT OF DEFICIENCIES AN OF CORRECTION	A MEDICAID SERVICES POI) PROVIDENSUPPLIENCUA			- CUI	
AN OF CORRECTION		[man a s		OME N	NO. 0938-039
	IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION DING	COM	E SURVEY PLETED
	096150	E. WIN		•	C
OF PROVIDER OR SUPPLIER		 		11	<u>/13/2007</u>
, , , , , , , , , , , , , , , , , , , 	_	j	6520 1ST STREET, NW	CODE	
D SUMMARY STA	TEMENT OF DEFICIENCIES	10			<u> </u>
REGULATORY OR L	EC IDENTIFYING INFORMATION)	PREFID TAS	CROSS-REFERENCED TO THE	on should be If appropriate	COMPLETION DATE
A ALIBRIA PROVIDE DES		W 11			
VV322j	•	·			
			12		
The facility must pro general medical care	vide of obiain previentive and A		W322		
facility failed to ensure facility failed to ensure proper fluid intake an elimination as recommended. The finding includes; Client #1's Annual M 10/2006 recommended this client for constipations of the facility is nurse where facility is nurse where facility is nurse where the facility is nurse where the facility is nurse where the facility is nurse where facility is nurse where the facility is not shown in the facility is nurse where the facility is not shown in the facility is not sho	lew and record review the real client received the received the received the received the received the received the received that the facility monitor ation and recommended that be monitored to plevent reproduction due to her content of the restriction of the received on 1 1/09/07 willed that this client's e was hospitalized seven as for different control.		RN will review informate provide additional staff in needed. Nursing/Management state been directed to locate precords to support documprior to April 2007. RN will continue to conditile audits and reviews of	tion and training as aff have urged nentation and uct routine	12.21.07
time of survey revealed intakes were being makes were being makes were being makes movement records on were dated 4/2007 and evidence that any door monitored over the other certification year despit physician 's recommendation of the facility must provide the facility must provide time of the facility must provide the facility must provide time of the facility must provide time	records presented at the difference of herificial as interest and recorded as interest as interest and recorded as it in the time of survey is 9/2007. There was no imentation was kept and er ten months of the past in the primary care relations. SERVICES	W 331	up as needed to address		
	EQUIMINARY STA (EACH DEFICIENCY RESULATORY OR 15 (EACH DEFICIENCY The health and safet (W322] 22 483.460(a)(3) PHYS The facility must pro general medical care The facility falled to ensure proper fluid intake an elimination as recommende this client for constipation of the facility is nurse whis client fluid intake hypermatremia and defrequent vomiting and this client fluid intake hypermatremia and defrequent vomiting and the facility is nurse which is client for constitute the past year of the medical intext over the past year complications surroun review of the medical intext over the past year intext over the past year complications surroun review of the medical intext over the past year intext over the past year complication surroun review of the medical intext over the past year intext over the past year complication year despination of the past year evidence that any doct monitored over the other certification year despination ye	ELIMINARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MIST BE PRECEDED IN FULL RESOLLATORY OR LIST DIENTIFYING INFORMATION) 59 Continued From page 1 the health and safety of its residents. [Reference W322] 483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidented by: Based on staff interview and record review the facility falled to ensure a client received the proper fluid lintake and failed to monitional client? It elimination as recommended. The finding includes; Client #1's Annual Medical Evaluation dated 10/2006 recommended that the facility stonifor this client for constipation and recommended that the client fluid intake be monitored to plevent hypernatremia and dehydration due to her frequent vorning and other gastric complications. The facility is nurse was interviewed on 11/09/07 at 1:35pm and she verified that this client? It is select that she was hospitalized seven times over the past year for different gastric complications surrounding her frequent emesis. A review of the medical records presented at the time of survey revealed that none of herifuld infakes were being monitored and recorded as recommended. In addition, the only howel movement records on file at the time of survey were dated 4/2007 and 8/2007. There was no evidence that any documentation was kept and monitored over the officer ten monitors of the past certification year despite the primary care physician's recommendations.	ELIMINARY STATEMENT OF DEPOCEACIES (EACH DEFICIENCY WRIST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) TAS 59 Continued From page 1 the health and safety of its residents. [Reference W322] 22 483.450(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidented by: Based on staff interview and record review the facility falled to ensure a client received the proper fluid Intake and failed to monitiona client 's elimination as recommended. The finding includes; Client #1's Annual Medical Evaluation bated 10/2006 recommended that the facility frontion this client for constipation and recommended that this client for constitutions in the stility's nurse was interviewed on 11/09/07' at 1:35pm and sine verified that this client 's record reflects that she was hospitalized seven times over the past year for different geather complications surrounding her frequent emesis. A review of the medical records presented at the time of survey revealed that none of herifuld intakes were being monitored and recorded as recommended. In addition, the only howel movement records on file at the time of survey were dated 4/2007 and 9/2007. There was no evidence that any documentation was kapt and monitored over the other ten monitor of the past certification year despite the primary care physician's recommendations. 483.460(c) NURSING SERVICES	SHARMARY STATEMENT OF DEPOLENCIES SECONDARY OR LSC DEPOLE OF THE STANDARD PHYSICIAN SERVICES W 322 The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidented by: Based on staff interview and record review the facility falled to ensure a client received the proper fluid intake and failed to incritona client is elient fluid intake and failed to incritona client is client for constipation and recommended that the facility monitor this client fluid intake be monitored to plevent hypermaternia and dehydration due to her frequent vontaing and other gastric complications in the resident that this client is client for constipation and recommended that the facility monitor this client fluid intake be monitored to plevent hypermaternia and dehydration due to her frequent vontaing and other gastric complications. It is shown to be provided and recorded as recommended that this client is a surrounding her frequent emesis. A review of the medical recorder and recorder as concerns/issues as they are commended. In addition, the only howel movement records on the at the time of survey were deated 4/2007 and 9/2007. There was no evidence that any documentations was kept and monitored over the other ten monitor of the past certification year despite the primary care physician's recommendations. The facility must provide clients with nursing	Elimenty Statement of is-recently grant provides a concerns/issues as they arise. A record indications survey revealed that this client is made and indications survey are been movement records relieved to the records as recommended, in addition, the only bowel movement. A record records as recommended, in addition, the only bowel movement, in a different complications survey are lested with a record of its medical case. Elimination as recommended. The facility must provide or obtain previous the provide additional staff training as evidenced by: Based on staff interview and record review the facility falled to ensure a client received the proper fluid intake and record review the facility falled to ensure a client received the provide additional staff training as evidenced by: RN will review information and provide additional staff training as needed. Nursing/Management staff have been directed to locate purged vecords to support documentation prior to April 2007. RN will continue to conduct routine file audits and reviews, check documentation and provide follow-upon the records presented at the time of survey revealed that nome of herifluid intakes were being monitored and recorded as recommended, in addition, the only bowel movement records or lie at the time of survey are less than short of the past record reflection was kept and monitored over the other ten monitor of the past certification year despite the primary care physician's a recommendations.

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Facility ID; 09@180

if continuation sheet Page 2 of 3

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FQF	ED: 11/39/200 MAFPROVE O_0938-099
ND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIERICLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE	SURVEY
		09G13b	a. Wing		11	C /13/2007
101	rovider or supplier		F	REET ADDRESS, CITY, STATE, ZIP CODE 6520 1ST STREET, NW WASHINGTON, DC 20012		7 (3/24/07
(X4) ID PREFDI TAG	(EACH DEFICIENCY	PEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C CLENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRESPONDED TO THE AP	생기 아내가 얼룩	COMPLETION DATE
W 331	Continued From pag services in accordar		W 331		· · · · · · · · · · · · · · · · · · ·	
	Based on staff intervial facility is nursing state and assessment of a recommendation for The finding includes: Client #1 was taken to local hospital on 9/4/2 diagnosed with Gastinospitalized times timother gastric complication for the 9/4 lithat Client #1 be provisuable to physician for the 9/4 lithat Client #1 be provisuable to recommendation was discharge treatment pranaging this client in the client #1 received was after she began to eview of the records: survey failed to resolve ecommendation had a course of treatment after the primal at the primal staff failed to ensure the taff failed to ensure the primal part of the primal and the primal part of the primal part	b the Emergency from at a 2007 and later released and this. This client was essentiar in the year for attending tospital visit recontinended to a "Phenergen a before meals". This is made as part of the plan as a means of a gastric complications in nurse was interviewed on this indicated the unity of her Phenergen freatment to regurgitate her food. A on hand at the time of any situation where this either been implemented, any care or ruled out as the facility's nursing this recommendation was any care obviorient and		This Standard will be met evidenced by: RN will review client #1's r RN will address nursing stat failure to document follow-thospital documentation/s. RN will continue to conduct file audits and reviews, check documentation and follow-uneeded.	ecord. If and the up on all routine k	12.21.07
CMS-2567(12-99) Previous Versions Obs	Diebo Event ID:71,1811	The same	y ID: 06Grap		

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M 005 M 004/008

PRINTED: 11/30/2007 FORM APPROVED

STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPIGE IDENTIFICATION NUM	R/CLIA MBER:	A BUILDI		COMPI	SURVEY ETED .
NAME OF F	ROVIDER OR SUPPLIER	09G130	STREET MOR		, STATE, ZIP CODE		13/2007
IDI			6529 18T : Washing	378FFT 1	NTAY		
(X4) ID PREFIX TAG		TEMENT OF DEPICIENCES MUST BE PRECEDED BY P SC IDENTIFYING INFORMAT	367) . · · · · · · · · · · · · · · · · · ·	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	# h ne	COMPLETE DATE
1 379 3 ii e ii a p b fo	notice of Resident # The incident report r Resident #1 was hos episodes of emesis, the hospital until her	department of Health 1 's death. 1 's platted for repeater 1 's resident remain demise on 11/6/2007. 1 's incident, an on-sisted on 11/9/2007. 1 's found not to be notified to the compliant of the partment of compliant of the control of the con	2007, dised in 7. ite segligent shings with w. sre vs. The local and usual street ships of the local and usual street ships of the local and the ships of the local and th	379	1379 3519.10 This Statute will be met as evidenced by: 1. QMRP will review all hospitalizations for client #1 a forward outstanding investigating needed. 2. Reference response to #1. QMRP will continue to file all incident reports and conduct investigations immediately to that the timelines are adhered to Additionally, QMRP will main	ensure	12:20:07 onquiry
B	his Statute is not me ased on staff intervie	of as evidenced by: www.and.record.review	the	-	verification on file to support to investigations were investigate sent as stipulated in the regular	d and	
	on Administration NIMW M V RECTOR'S OR PROMIDER	N Ú Supplier representat	ive's signati		Meeter To sidential Services	×	12/10/07

FORM APPROVED

	AND PLAN	TO DEPICIENCIES OF CORRECTION PROVIDER OR SUPPLIER	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 09G130	MHER	A. BUILDII B. WING	TPLE CONSTRUCTION NG STATE, ZIF CODE		SURVEY LETED C 13/2007
	IDI	65ZQ #				SA)		
]	CX4) ID PRIEFIX TAG	. EACH DEFICIENCY	MINT RE EDECEMEN SV	(ET (1)	IP PREFIX TAG	PROVIDER'S PLAN OF EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ION SHOULD BE HEAPPROPRIATE	COMPLETE DATE
		X4) ID SUMMARY STATEMENT OF DEFICIENCIES REFOR REFOR REGULATORY OR LSC IDENTIFYING INFORMATION) WASHING						
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